SELF-ORIENTED PERFECTIONISM AND EMOTIONAL COMPETENCE AS RELATION TO SUICIDAL IDEATION AMONG ADOLESCENTS – AN INTERVENTION STUDY

SYNOPSIS

FOR

PROPOSED RESEARCH WORK FOR PH.D

IN PSYCHOLOGY, 2016

SUBMITTED TO

DAYALBAGH EDUCATIONAL INSTITUTE

(DEEMED UNIVERSITY)

BY

SHAKTIYANSHI RAUNDELEY

UNDER SUPERVISION OF

Dr. (Mrs.) P. K. Mona

HEAD, DEPARTMENT OF PSYCHOLOGY

DEAN, FACULTY OF SOCIAL SCIENCES

FACULTY OF SOCIAL SCIENCES,

DAYALBAGH EDUCATIONAL INSTITUTE (DEEMED UNIVERSITY)
DAYALBAGH, AGRA-282005

Early teenage period is a period of joy, belief in oneself, freedom. It is the exciting time of many varied and rapid changes. It is the time for enjoyment but what takes it to hopelessness, gravity, stress, shamefulness and ultimately……Suicide, a question mark on society, family and the way the world is running…!!!. Early teenagers represents a particularly vulnerable period of development during which young people are susceptible to establishing lifelong behavior patterns associated with poor life, health, and educational outcomes (McGee & Williams, 2000; Mohay & Forbes, 2009; Morgan & Todd, 2009; Schumacher & Kurz, 2000).

SUICIDAL IDEATION

Suicidal ideation is defined as self reported wishes, thoughts, or desires to take one's own life (Carroll et al., 1996). Suicide is the completed process of a continuum that begins with suicidal ideation, followed by an attempt of suicide, and finally completed suicide (Cole, Protinsky, & Cross, 1992). Suicidal ideation is a preoccupation with instructive thoughts of ending one's own life (Cole et al., 1992; Harter et.al., 1992).

About 800000 people commit suicide worldwide every year (WHO 2012) of these 135,000 (17%) are residents of India, a nation with 17.5% of world population. Between 1987 and 2007, the suicide rate increased from 7.9 to 10.3 per 100,000, (Vijaykumar, 2007) with higher suicide rates in southern and eastern states of India. Estimates for number of suicides in India vary. For example, one study projected 187,000 suicides in India in 2010, (Patel et. al., 2012) while official data by the Government of India claims 134,600 suicides in 2010. (The Registrar General of India, 2012).

Suicide is an important issue in the Indian context. More than one lakh lives are lost every year due to suicide in our country. Suicide is fast becoming one of the leading causes of death in the country. In Asian societies like Hong Kong, Taiwan, and Singapore, the prevalence begins to increase for youth between 10 to 14 years of age, and in the 15 to 24 age group, there is a dramatic increase in absolute numbers (Chia, 1999; Ung, 2003). According to the National Crime Records Bureau in 2013, around 34.4% suicide victims were youths in the age group of 15-29 years. According to WHO's latest suicide rate estimates, India along with China holds the dubious distinction of having the highest suicides rates in the world. While in China, 99 out of every 100,000 people commit suicide annually, for India, it stands at 98 per 100,000 population. Worldwide, suicide rates have increased by 60% in the past 50 years, mainly in the developing countries. Most suicides in the world occur in Asia, which is estimated to account for up to 60% of all suicides. Globally, one million people die from suicide every year with a mortality rate of 16 per 100,000 or one death every 40 seconds. On the occasion of World Suicide Prevention Day 2008, WHO says China, India and Japan may account for 40% of all world suicides. According to Union health ministry's estimates, as many as 1.2 lakh people end their lives every year in India by committing suicide. Besides that, more than four lakh people attempt to

commit suicide. The majority of suicides (37.8%) in India are by those below the age of 30 years. Over 71% of suicides in India are by persons below the age of 44 years. (The Times of India, 2008). Nearly one million people worldwide die by suicide annually, making it one of the world's leading causes of death. There are estimated 10 to 20 million attempted suicides every year. The rate of suicide in India in 2002 is estimated to be 10.5 per 100,000 people per year (WHO, 2008). The National Alliance on Mental Illness (2006) reported that in 1996, more teenagers and young adults died of suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and lung disease combined.

Suicidal behaviours, which include suicide ideation and attempts, are prevalent and dangerous behaviour problems around the world, particularly among adolescents. Life for many adolescents is not easy and adolescence is considered by many as period of storm and stress. Developmental and neurobiological substrates are combined with the conflicting demands from parents, teachers, and friends. High rates of suicide, suicide attempts, and suicidal ideation became a public health problem. In adolescence, suicide is the third leading cause of death (Mann, 2002). Suicidal ideation is considered a predictor of suicide attempts (Wichstrom , 2000). In this sense, suicidal ideation could be considered a first step to increase completed suicide risk (Gould et.al., 1996). Therefore, it's important to consider suicidal behaviors as a continuum construct following a pattern of ideation, planning, attempts and completed suicide and to identify its beginning. Onset age of suicidality is between 10 and 15 years (Borges et. al., 2007). Besides contributing to lethal outcome, suicidal ideation in early adolescence can produce negative consequences to a life time. Adolescents who reported suicidal ideation have a higher probability of presenting an axis I disorder - according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition; problem behaviours and poorer coping abilities, low self-esteem levels and interpersonal relations (Reinherz et. al., 2006). Researchers have sought to understand, predict, and prevent suicide by examining the potential contributions of psychological factors to suicidal thoughts and behaviors. Much of this research has focused upon risk factors and psychopathological predictors of suicidal thoughts and behavior with far less attention paid to protective factors, mirroring a general trend in the mental health literature of focusing on pathology rather than on strength and resiliency (Seligman & Csikszentmihalyi, 2000). Thus, it seems particularly important to research risk factors for suicidal behaviour, as well as factors that may protect against suicidal behavior, with the ultimate goal of preventing needless injuries and deaths.

Psychosocial problems and stresses, such as conflicts with parents, breakup of a relationship, school difficulties or failure, legal difficulties, social isolation, and physical ailments commonly are reported or observed in young people who attempt suicide. According to Kumar and Singh (2006), student life faces several ups and downs. For the students which create stressful life for them are peer pressure, demands of the teachers and parents for the good grades, and the competitive environment in the

school. This stressful life leads to depression, anxiety and in several cases causes suicide and suicidal attempts among students.

STRESSFUL LIFE EVENTS

The decision to attempt suicide is often affected by a number of other factors. According to Behets (2002) and Doerfler et. al., (2010), when stressful life events exceed an individual's vulnerability level, the risk of engaging in suicidal behavior is increased. According to the Centers for Disease Control and Prevention (CDC, 2013), many young adults between the ages of 10 and 24 years attempt suicide after a stressful life event because they see their situation as hopeless and unsolvable. Stress is a risk factor for young adult suicide ideation, particularly for the college population, because college students are believed to have high levels of perceived life stress (Hirsch & Ellis, 1996). A relationship has been established between stress and suicide ideation. Joiner and Rudd (1995), Lipschitz (1995), and Chang (2002) present findings that suggest life stress is associated with suicide ideation. Specifically, Hirsch and Ellis (1996) have found that college students who experience suicide ideation have greater levels of life stress. In addition, Singh and Joshi (2008) have shown significant associations between stress and suicide ideation among college students, indicating that people with a high level of life stress may have a greater tendency to experience suicide ideation. Moreover, Singh and Joshi (2008) have revealed that stress is a strong predictor of suicide ideation among college students, using multiple regression analyses. Thus, it is reasonable to maintain that stress, measured in terms of a person's perceived stress, would predict suicide ideation. One study in particular conducted by Vilhjalmsson et al. (1998) specifically examines the relationships between life stress and perceived stress and suicide ideation. These researchers have found that life stress and stress perceptions are significantly associated with thoughts of suicide; their research suggests that perceived stress is a risk factor for suicide ideation (Vilhjalmsson et al., 1998). Therefore, it seems that an individual's level of stress is a predictor of suicide ideation. A study conducted by Simon et. al., (2001) and Jeon et. al., (2010) shows that stressful life events have also been associated with impulsive suicide attempts.

Tran (1996) assessed the relationship between stressful life events and depressive symptoms in a study of 38 Vietnamese youth in Portland, Oregon. Half of the youth in the study were female. The youth ranged in age from 14 to 20 years, and they have an average age of 15.6 years. Stressful life events was measured with a number of items (death of a relative or friend, academic stressors, adjustment problems in the family, life failure, and peer pressure), and depressive symptoms was measured with the Centre for Epidemiologic Studies Depression (CES-D) scale. Tran (1996) reported statistically-significant positive correlations between the stressful life events items and depressive symptoms. Suicide is the outcome associated with co-occurring internalizing and externalizing problems that may raise the most concern. Although stressful life events are the major risk factor for suicide but personality and emotional factors such as perfectionism and emotional competence also contribute.

SELF-ORIENTED PERFECTIONISM

Although there is no standard definition of perfectionism, researchers have described individuals with perfectionism as setting very high, even unattainable, standards for themselves and persistently attempting to meet these (Flett & Hewitt, 2002). Often perfectionistic behaviours are motivated by fears of failure and disappointing others (Hamachek, 1978). Perfectionists' self-worth is contingent on their performance which they may often criticize (Flett & Hewitt, 2002). As well, individuals with perfectionism may request others to be perfect (Hewitt & Flett, 1991b).

One robust correlate of depression is the personality style of perfectionism which has been shown to be associated with depression in children and adolescents (e.g., Hewitt et al., 2002; Huggins et. al., 2008), as well as adults (e.g., Flett et. al., 1995; Hewitt & Flett, 1991a). Although depression and perfectionism are correlated across the lifespan, little is known about the temporal sequence between perfectionism and depression, especially in childhood. Hewitt and Flett (1991a) posited that perfectionism consists of three dimensions which differ not in the behaviour per se, but in the target (self vs. others) and motivation (socially- vs. self-motivated) of the perfectionistic behaviour. These dimensions are socially prescribed perfectionism (SPP), self-oriented perfectionism (SOP), and others-oriented perfectionism (OOP). SPP is the belief that significant others hold excessively high expectations and standards for oneself and the individual feels need to satisfy these high demands (Hewitt & Flett, 1991b). There may also be a need to appear perfect for others (Hewitt et al., 2003). SOP refers to the tendency to set high standards of performance for oneself and stringently evaluate one's behaviours (Hewitt & Flett, 1991b). Finally, OOP refers to the belief that others should perform flawlessly. That is, setting unrealistically high expectations and standards for others, evaluating them stringently, and potentially blaming them for their shortcomings (Hewitt & Flett, 1991b). Although experiencing high levels on any of these dimensions can be related to psychological maladjustment, SOP and SPP are particularly associated with negative emotional states. OOP is more often associated with interpersonal issues (Chang & Rand, 2000). Unlike OOP, both SOP and SPP dimensions of perfectionism place the perfectionistic expectations on the individual rather than on others.

There is some evidence that perfectionism is also associated with negative emotionality in children and adolescents. Researchers studying perfectionism and depression cross-sectional have reported that SPP and SOP are positively associated with depression in populations of non-clinical and clinical children (e.g., Castro et al., 2004; Huggins et al., 2008). Hewitt and colleagues (2002) demonstrated a link between perfectionism and depression in Canadian school-aged students. The authors found that SPP and SOP predicted depressive symptoms (Hewitt et al. 2002), as in adults (Hewitt & Flett, 1991a).

EMOTIONAL COMPETENCE

Another individual factor, a person's emotional competence, has been related to depression and mental health (Miner et al., 2001; Znoj et al., 2002), and a lack of social problem-solving ability seems to be closely linked with suicidal behavior (Yang & Clum, 1996). Emotional competence (or intelligence) has generally been defined as the ability to identify and describe emotions, the ability to understand emotions, and the ability to manage emotions in an effective and non-defensive manner (Ciarrochi et al., 2001).

According to Chan (2003), emotional competence is a trainable skill that includes self-management of emotions, social skills, empathy and creative use of emotions. Self management of emotions reflects an individual's awareness, perception, understanding and regulation of one's own emotions. Empathy reflects an individual's sensitivity to the emotional expression of others. Social skills describe interactions with others in sharing experiences and influencing others' emotions that can be interpreted as the management of others' emotions. Creative use of emotions refers to an individual's positive use of emotions to facilitate the evaluation and generation of new ideas. This conceptualization is more comprehensive and encompasses both intrapersonal and interpersonal dimensions, as well as perceptual and behavioural domains. There has been substantial research on emotional competencies in the last decade (Ciarrochi et al., 2000; Ciarrochi et al., 2001, Mayer et al., 1999; Salovey et al., 1993; Salovey and Mayer, 1990). Despite some initial concern about the psychometric properties of early emotional competence measures (Ciarrochi et al., 2000; Davies et al., 1998), recent research suggests that some aspects of emotional competence can be measured reliably, are distinct from other well-established measures, and relate to important outcomes (Anderson and Ciarrochi 2001; Ciarrochi et al., 2000, in press a; Schutte, et al., 1998; Schutte and Malouff, 2001). For example, the measure of emotion management competence to be used in the present study has been shown relate in expected ways to how effective adolescents are at managing an experimentally induced mood (Ciarrochi et al., 2000, 2001).

There are different cognitive, emotive, and cognitive-behavioral theories that explain suicidal behaviors. According to Goleman's theory of emotional competence (1996) a person with high emotional intelligence has better emotional self-awareness and higher empathy, and is more competent in managing his/her own emotions and handling interpersonal relationships; hence, that person will have better psychological well-being. Empirical studies also stated that there was an emotional element in suicidal ideation. A number of studies have indicated the importance of emotional expression and emotion regulation [Tamás et.al., 2007] in working with acutely suicidal individuals. Previous research also suggested that depressed adolescents had difficulty regulating negative effect, and had fewer and less-effective strategies for emotion regulation (Sheeber et. al., 2000). In addition, four emotional competencies were found to be important in understanding how

well people deal with stress and avoid poor mental health outcomes: perceiving emotions, managing self-relevant emotions, managing others' emotions, and intention to seek help when in emotional need. Research investigating the relationship between emotional competence and suicidal ideation was limited. Even for those few studies, inconsistent results were found. For example, studies of adolescents and college students found that those with less emotional intelligence had a higher level of suicidal ideation (Cha & Nock 2009, Dasgupta & Hazra 2011).

JUSTIFICATION OF THE STUDY

Suicidal ideation and behaviour warrants considerable attention in each country. In India there is high prevalence of suicide. According to an official data by the Government of India, it claims 134,600 suicides in 2010. Cognitive and social factors have an important role in suicides like hopelessness, problem solving deficits, cognitive rigidity, dichotomous thinking, perfectionism, emotional competence, catastrophising, stressful life events and many more. Self-oriented perfection (high and low level both), less emotional competence and stressful life events may lead to suicidal ideation individually or in group. Very few literatures have found on these variables therefore the researcher wants to see the contribution of stressful life events, self-oriented perfectionism and emotional competence towards suicidal ideation in early teenagers. The researcher also wants to study the effect of psychological intervention on those respondents who have high score on suicidal ideation. This will help clinicians in understanding the social and cognitive factors in suicide and their management.

METHOD

The study will be conducted into two parts. Part 'A' will deal with the study of inter-relationship of stressful life events, self-oriented perfectionism and emotional competence with suicidal ideation in early teenagers. Part 'B' will deal with the study of effectiveness of psychological intervention in reducing the effect of stressful life events, managing self-oriented perfectionism and enhancing emotional competence and studying their effects on suicidal ideation in early teenagers.

PART – A

PROBLEM

To study the inter-relationship of stressful life events, self-oriented perfectionism and emotional competence with suicidal ideation in early teenagers

OBJECTIVES

- To study the relationship of stressful life events with suicidal ideation in early teenagers.
- To study the relationship of self-oriented perfectionism with suicidal ideation in early teenagers.
- To study the relationship of emotional competence with suicidal ideation in early teenagers
- To study the relationship of stressful life events with self-oriented perfectionism in early teenagers.
- To study the relationship of stressful life events with emotional competence in early teenagers.
- To study the relationship of self-oriented perfectionism with emotional competence in early teenagers.
- To find out the relative contribution of stressful life events, self-oriented perfectionism and emotional competence towards suicidal ideation in early teenagers.

HYPOTHESES

- There will be significant relationship between stressful life events and suicidal ideation in early teenagers.
- There will be significant relationship between self-oriented perfectionism and suicidal ideation in early teenagers.
- There will be negative relationship between emotional competence and suicidal ideation in early teenagers.
- There will be negative relationship of stressful life events with self-oriented perfectionism in early teenagers.
- There will be negative relationship of stressful life events with emotional competence in early teenagers.
- There will be negative relationship of self-oriented perfectionism with emotional competence in early teenagers.

- Relative contribution of emotional competence will be much more remarkable as compared to self-oriented perfectionism and emotional competence towards suicidal ideation in early teenagers.

DEFINITION OF THE TERMS USED

SUICIDAL IDEATION: Suicidal Ideation refers to a myriad of cognitions specific to death, self-destructive behaviour and related actions and activities. In general, suicidal ideation is defined as "thoughts of serving as the agent of one's own death" (American Psychiatric Association).

STRESSFULL LIFE EVENTS: Stressful life events are defined as discrete experiences that disrupt an individual's usual activities, causing a substantial change and readjustment.

SELF-ORIENTED PERFECTIONISM: Self-oriented perfectionism is a personality trait characterized by a person's striving for flawlessness and setting excessively high performance standards, accompanied by overly critical, self-evaluations.

EMOTIONAL COMPETENCE: Emotional competence refers to one's ability to express or release one's inner feelings. It implies an ease around others and determine one's ability to effectively and successfully lead and express.

SAMPLE

Initially suicidal Ideation questionnaire will be administered on approximately 300 early teenagers from different schools of Agra region in which 50 early teenagers having suicidal ideation will be randomly selected. Their age range will be 13-15 years.

Inclusion criteria:-

- The early teenagers with suicidal ideation will be included in the sample only.
- The early teenagers within the age range 13-15 years will be included in the sample.

Exclusion criteria:-

- Those who are suffering from any chronic illness will not be included in the sample.
- The subjects without suicidal ideation will also not be included in the sample.

TOOLS:

SUICIDAL IDEATION SCALE (SIS) by Sisodia & Bhatnagar (2011) – It will be used to measure suicidal ideation in teenagers. This scale consists 25 items with five alternative options like vise 'Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree'. This scale is highly reliable and measured by test-retest method. The coefficient score was found 0.78 and 0.81 respectively. The scale has been highly valid and the coefficient score found 0.74. among 25 items 21 items worked positively and scored 5,4,3,2,1 and 4 items worked negatively and scored vice-versa of positive items. Interpretation of suicidal ideation given from low to very high suicidal ideation, the high score on scale indicate high suicidal ideation and low score indicate low suicidal ideation.

ICMR PSYCHOSOCIAL STRESS SCALE by Srivastava (1992) – It will be used to measure stressful life events in early teenagers. In the present research only section-B (stressful life events) of this scale will be used for assessing stressful life events of early teenagers. It consists of 14 stressful life events statements. The coefficient-alpha reliability of the test is 0.84 and inter rater reliability is 0.61. The scale was also found to be satisfactorily valid against the criteria of various psychological, behavioural and somatic reactions to stress such as subjective feeling to poor health and strenuous life in general, frequent intake of alcohol/drugs, smoking and manifestation of the symptoms of neuroticism.

CHILD–ADOLESCENT PERFECTIONISM SCALE by Flett et. al. (1997) - The Child–Adolescent Perfectionism Scale is a 22-item self-report scale with two subscales measuring socially prescribed perfectionism (SPP) (10 items) and self oriented perfectionism (SOP) (12-items). In the present research only self oriented perfectionism items will be administered. Adequate evidence of concurrent validity with other measures of perfectionism has also been established (r = .76 for the SOP factor and r = .39 for the SPP factor with the Perfectionistic Self Presentation Scale; Castro et al., 2004; Flett et al., 1997)

EMOTIONAL COMPETENCE by Bhardwaj & Sharma (1998) – It will be used to measure emotional competence in early teenagers. This scale contained thirty items (in Hindi Language), with five alternatives. The reliability of the scale has been derived by employing two methods viz., test-retest and split-half method. The obtained co-efficient of test-retest reliability and split-half reliability are 0.74 and 0.76 respectively.

DESIGN

To study the relationship of stressful life events, self-oriented perfectionism and emotional competence with suicidal ideation, correlational design will be used.

VARIABLES

Criterion variable:

- Suicidal Ideation

Predictor variables:

- Stressful life events
- Self-Oriented Perfectionism
- Emotional Competence

STATISTICAL ANALYSIS

Multiple Regression Analysis will be used

PART – B

OBJECTIVES:

- To study the effectiveness of psychological intervention (cognitive restructuring, Jacobson's Progressive Muscle Relaxation and counselling) of main contributing factor of suicidal ideation in early teenagers.

HYPOTHESIS:

- Psychological intervention (cognitive restructuring, Jacobson's Progressive Muscle Relaxation and counselling) will be effective in managing the effect of main contributing factor on suicidal ideation in early teenagers.

DEFINITION OF THE TERMS USED:

PSYCHOLOGICAL INTERVENTION: Psychological intervention aims at altering maladaptive or unwanted behaviour patterns. It emphasizes the basic assumption that maladaptive patterns of behaviour result from faulty learning process and the appropriate treatment involves the unlearning of these behaviour patterns and the learning of new ones.

SAMPLE:

25 subjects will be identified with having high suicidal ideation from the part "A" of the study. They will receive psychological intervention (cognitive restructuring, Jacobson's Progressive Muscle Relaxation and counselling).

DESIGN:

- Pre and Post Research Design will be used to study the effectiveness of psychological intervention (cognitive structuring, Jacobson's Progressive Muscle Relaxation and counselling) in managing the main contributing factor of suicidal ideation in early teenagers.

TECHNIQUES:

Cognitive Restructuring: It is the process of learning to refute or fundamental "faulty thinking" with goal of replacing one's irrational, counter-factual beliefs with more accurate and beneficial ones. It holds that one's own unrealistic beliefs are directly responsible for generating dysfunctional emotions and their resultant behaviours, like stress, depression, anxiety and social withdrawal. With cognitive restructuring, one, first learn to identify one's own cycle of thoughts, emotions, physical symptoms and behaviour, then one learn to change one's thinking.

Counselling: The application of mental health, psychological or human development principles through cognitive, affective, behavioural or systematic interventions, strategies that address wellness, personal growth or career development as well as pathology. Counselling may also involve single individual or groups of individuals.

Jacobson's progressive Muscles Relaxation Therapy: Progressive Relaxation is a procedure originally introduced by Jacobson (1938) to reduce anxiety and tension by drawing attention of the individual to the sensations produced by gradual minimal contraction and relaxation of small groups of muscles.

METHOD AND PROCEDURE:

Psychological intervention will be given in managing the main contributing factor of suicidal ideation in early teenagers. Scores on suicidal behaviors questionnaire obtained in part 'A' of the study will be served as baseline or pre-measures for this part of the study. Three months intervention will be given to the subjects with high suicidal ideation included in the sample. Psychological Intervention will include Cognitive restructuring through counselling and Jacobson's Progressive Muscle Relaxation.

Progressive muscle relaxation help the subjects to become aware of the feeling that accompanies muscle tension then become aware of how a relaxed muscle feels. Cognitive restructuring will help

the subjects in modifying their internal believes, what they say to themselves. First the Progressive Muscle Relaxation will be given in a properly illuminated and peaceful room to the subjects for their relaxation. It involves tensing and relaxing various voluntary muscle groups throughout the body in an orderly sequence. Then the subjects will learn how their internal believes are causing their emotional problems, then they will be asked to imagine the problematic situation and learn to catch undesirable self- statements that emerge in this situation and practice desirable statement in place of the undesirable one. After this Progressive Muscle Relaxation technique will be again given to the subjects to relax them.

Initially approximately one hour session on alternative days will be conducted. After 45 days, sessions will be conducted twice a week. Subjects will be asked to do relaxation themselves at home at least for once in a day. Thus the intervention will be continued for three months. The post measures of suicidal behaviours questionnaire will be taken. The measurement conditions maintained during pre-measure will be in effect during post-measure also.

ANALYSIS OF DATA:

Significance of difference between scores of pre and post measure will be tested by suitable statistical technique.

REFERENCES

- American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Washington, DC: American Psychiatric Association.
- Anderson, S. & Ciarrochi, J. (2001). The relationship between emotional competence and mental health among adolescents. Manuscript in preparation.
- Behets, J. (2002). Survey finds stressful life events linked to suicidal behavior. *Mental Health Practice, 6*(4), 342-354.
- Borges, G., Nock, M.K., Medina-Mora, M.E., Benjet, C., Lara, C., Chiu, W.T. & Kessler, R.C. (2007). The epidemiology of suicide-related outcomes in Mexico. *Suicide Life Threating behaviour 37(6)*:627-40.
- Carroll, P. W., Berman, A. L., Maris, R. W., Moscicki, E. K., Tanney, B. L., & Silverman, M. M. (1996). Beyond the Tower of Babel: A nomenclature for suicidology. *Suicide and Life-Threatening Behavior*, *26*, 237-252.
- Castro, J., Gila, A., Gual, P., Lahortiga, F., Saura, B., & Toro, J. (2004). Perfectionism dimensions in children and adolescents with anorexia nervosa. *Journal of Adolescent Health, 35*, 392-398.
- Cha, C. & Nock, M. (2009). Emotional intelligence is a protective factor for suicidal behavior. *Journal of the American Academy of Child & Adolescent Psychiatry 48*, 422–430.
- Chang, E. C. (2002). Predicting suicide ideation in an adolescent population: Examining the role of social problem solving as a moderator and a mediator. *Personality and Individual Differences, 32*, 1279-1291.
- Chan, D. (2003). Dimensions of emotional intelligence and their relationships with social coping among gifted adolescents in Hong Kong. *Journal of Youth and Adolescence 32*, 409–418.
- Chia, B. H. (1999). Too young to die: an Asian perspective on youth suicide. Times Books International, Singapore.
- Ciarrochi, J, Chan, A. & Caputi, P. (2000). A critical evaluation of the emotional intelligence construct. *Personality and Individual Differences, 28*, 539–561.
- Ciarrochi, J. &Deane, F. (2001). Emotional competence and willingness to seek help from professional and nonprofessional sources. *British Journal of Guidance and Counselling, 29*, 233–246.
- Centers for Disease Control and Prevention (CDC) (2013). *Suicide prevention:youth suicide.* Retrieved June 1, 2013 from http://www.cdc.gov/violenceprevention/pub/youth_suicide.html.
- Cole, D. E., Protinsky, H. O., & Cross, L. H. (1992). An empirical investigation of adolescent suicidal ideation. *Adolescence, 27(108)*, 813-818.

- Dasgupta S. & Hazra S. (2011). Does student's emotional intelligence play role in their suicidal ideation? *Indian Journal of Community Psychology 7*, 190–197.
- Davies, M., Stankov, L. & Roberts, R. (1998). Emotional intelligence: In search of an elusive construct. *Journal of Personality and Social Psychology, 75*, 989–1015.
- Doerfler, L., Moran, P., & Hannigan, K. (2010). Situations associated with admission to an acute inpatient psychiatric unit. *Psychological Services, 7*(4), 254-265.
- Flett, G. L., Hewitt, P. L., Blankstein, K. R., & Mosher, S. W. (1995). Perfectionism, life events, and depressive symptoms: A test of a diathesis-stress model. *Current Psychology, 14*, 112-137.
- Flett, G. L., Hewitt, P. L., Boucher, D. J., Davidson, L. A., & Munro, Y. (1997). *The Child–Adolescent Perfectionism Scale: Development, validation and association with adjustment*. Unpublished manuscript, York University, Toronto, Ontario, Canada.
- Flett, G. L., & Hewitt, P. L. (2002). *Perfectionism: Theory, research, and treatment*. Washington, DC: American Psychological Association.
- Goleman, D. (1996). *Emotional Intelligence: Why It can Matter more than IQ*. Bloomsbury, London.
- Gould, M.S., Fisher, P., Parides, M., Flory, M., Shaffer, D. (1996). Psychosocial risk factors of child and adolescent completed suicide. *Arch Gen Psychiatry 53(12):*1155-62.
- Harter, S., Marold, D. B., & Whitesell, N. R. (1992). Model of psychological risk factors leading to suicidal ideation in young adolescents. Developmental Psychopathology, *4*, 167-188.
- Hewitt, P. L., & Flett, G. L. (1991a). Dimensions of perfectionism in unipolar depression. *Journal of abnormal psychology, 100*, 98-101.
- Hewitt, P. L., & Flett, G. L. (1991b). Perfectionism in the self and social contexts: conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology, 60*, 456-470.
- Hewitt, P. L., Caelian, C. F., Flett, G. L., Sherry, S. B., Collins, L., & Flynn, C. A. (2002). Perfectionism in children: Associations with depression, anxiety, and anger. *Personality and Individual Differences, 32*, 1049-1061.
- Hewitt, P. L., Flett, G. L., Sherry, S. B., Habke, M., Parkin, M., Lam, R. W., & Stein, M. B. (2003). The interpersonal expression of perfection. *Journal of Personality and Social Psychology, 84*, 1303-1325.
- Hirsch, J. K., & Ellis, J. B. (1996). Differences in life stress and reasons for living among college suicide ideators and non-ideators. *College Student Journal, 30*, 377-386.
- Huggins, L., Davis, M. C., Rooney, R., & Kane, R. (2008). Socially prescribed and self-oriented perfectionism as predictors of depressive diagnosis in preadolescents. *Australian Journal of Guidance and Counselling, 18*, 182-194.

- Jacobson, E. (1938). *Progressive Relaxation*: University Chicago Press.
- Jeon, H.J., Lee, J.Y., Lee, Y.M., Hong, J.P., Won, S.H., Cho, S.J. (2010). Unplanned versus planned suicide attempters, precipitants, methods, and an association with mental disorders in a Korea-based community sample. Journal of Affective Disorder,*127*, 274–280.
- Joiner, T. E., & Rudd, M. D. (1995). Negative attributional style for interpersonal events and the occurrence of severe interpersonal disruptions as predictors of self-reported suicidal ideation. *Suicide and Life-Threatening Behavior, 25*, 297-304.
- Kumar, S., & Singh, A. P. (2006). Stress state and its relationship with academic performance among students. In A. Husain & M. I. Khan (Eds.), Recent trends in human stress management (pp. 55-66). New Delhi: Global Vision Publishing House.
- Lipschitz, A. (1995). Suicide prevention in young adults (age18-30). *Suicide and Life-Threatening Behavior, 25*, 155-170.
- Mann, J.J.(2002). A current perspective of suicide and attempted suicide. Ann Intern Med., *136(4)*:302-311
- Mayer, J.D., Caruso, D. & Salovey, P. (1999). Emotional intelligence meets traditional standards for intelligence. Intelligence, *27*, 267–298.
- McGee, R., & Williams, S. (2000). Does low self-esteem predict health compromising behaviours among adolescents? *Journal of Adolescence, 23*(5), 569–582.
- Mohay, H., & Forbes, N. (2009). Reducing the risk of posttraumatic stress disorder in children following natural disasters. *Australian Journal of Guidance and Counselling, 19*(2), 179–195.
- Morgan, S. L., & Todd, J. J. (2009). Intergenerational closure and academic achievement in high school: A new evaluation of Coleman's conjecture. *Sociology of Education, 82*, 267–286.
- National Alliance on Mental Illness. (2006). *Teenage suicide.* Retrieved April 2, 2006, from: www.nami.org/contentlcontentgroups/helplinel/teenage_suicide.htm
- National Crime Record Bureau (2013). Accidental Deaths and Suicides in India. New Delhi: Ministry of Home Affairs, Government of India.
- Osman, A. (1999). SBQ-R scoring. Retreived from http://www.integration.samhsa.gov/images/res/SBQ.pdf.
- Osman, A., Bagge, C., Guitierrez, P., Konick, L., Kooper, B., & Barrios, F. (2001). The Suicidal Behaviors Questionnaire-Revised: Validation with clinical and nonclinical samples, *Assessment 8*(4), 443-454. Retrieved fromhttp://www.ncbi.nlm.nih.gov/m/pubmed/11785588/
- Patel, V., Ramasundarahettige, C., Vijayakumar, L., Thakur, J. S., Gajalakshmi, V., Gururaj, G., Suraweera, W. & Jha, P. (2012). *Suicide mortality in India: A nationally representative survey. The Lancet 379 (9834): 2343–51.*

- Reinherz, H.Z., Tanner, J.L., Berger, S.R., Beardslee, W.R., Fitzmaurice, G.M. (2006). Adolescent suicidal ideation as predictive of psychopathology, suicidal behavior, and compromised functioning at age 30. *American Journal of Psychiatry, 163(7),*1226-1232.
- Reynolds, W. M. (1988). Suicidal Ideation Questionnaire: Professional manual. Odessa, FL: Psychological Assessment Resources.
- Salovey, P. & Mayer, J.D. (1990). Emotional intelligence. Imagination, Cognition and Personality, *9*, 185–211.
- Salovey, P., Hsee, C. & Mayer, J.D. (1993). Emotional intelligence and the regulation of affect. In D.M. Wegner and J.W. Pennebaker (Eds), Handbook of mental control (pp. 258–277). Englewood Cliffs, NJ: Prentice Hall.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, *55(1)*, 5–14.
- Schutte, N., Malouff, J., Hall, L., Haggerty, D., Cooper, J., Golden, C .& Dorneim, L. (1998). Development and validation of a measure of emotional intelligence. Personality and Individual Differences, *25*, 167–177.
- Schumacher, M., & Kurz, G. (2000). *The 8% solution*. Thousand Oaks, CA: Sage Publications.
- Schutte, N. & Malouff, J. (2003). Validation of an oberserver-rating measure of emotional intelligence. Unpublished manuscript.
- Sheeber, L., Allen, N., Davis, B., and Sorensen, E. (2000) Regulation of negative affect during mother-child problem-solving interactions: adolescent depressive status and family processes. *Journal of Abnormal of Child Psychology. 28(5)*, 467–479.
- Simon, O.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M.J., O'Carroll, P.W. (2001). Characteristics of impulsive suicide attempts and attempters. Suicide Life Threat Behaviour, *32*, 49–59.
- Singh, R., & Joshi, H. L. (2008). Suicidal ideation in relation to depression, life stress and personality among college students. *Journal of the Indian Academy of Applied Psychology, 34*, 259-265.
- Suicide prevention (SUPRE). World Health Organization (2012). Retrieved from www.wikipedia.com
- Suicides in India. The Registrar General of India, Government of India (2012). Retrieved from www.wikipedia.com
- Tamás, Z., Kovacs, M., Gentzler, A.L., Tepper, P., Gádoros, J., Kiss, E., Kapornai, K., and Vetró, Á. (2007). The relations of temperament and emotion self-regulation with suicidal behaviors in a clinical sample of depressed children in Hungary. *Journal of Abnormal Child Psychology. 35(4)*, 640–652.

- Tran, Q. (1996). Psychosocial correlates and depression in Vietnamese adolescents. *Child and Adolescent Social Work Journal***,** *22***,** 41-50.
- Ung, E. K. (2003). Youth suicide and parasuicide in Singapore. *Annals Academy of Medicine Singapore, 32*, 1–7.
- Vijaykumar, L. (2007), Suicide and its prevention: The urgent need in India, Indian Journal of Psychiatry,49, 81-84,
- Vilhjalmsson, R., Kristjansdottir, G., & Sveinbjarnardottir, E. (1998). Factors associated with suicide ideation in adults. *Social Psychiatry and Psychiatric Epidemiology, 33*, 97-103.
- Wichstrom L. (2000). Predictors of adolescent suicide attempts: a nationally representative longitudinal study of Norwegian adolescents. *Journal of Academic Child Adolescence Psychiatry, 39(5),* 603-10.
- Yang, B. and Clum, G.A. (1994). Life stress, social support, and problem-solving skills predictive of depressive symptoms, hopelessness, and suicide ideation in an Asian student population: a test of a model. *Suicide Life Threat Behaviour. 24(2),* 127–139.
- Znoj, H.J. and Lude, P. (2002). Regulation of emotion and psychological symptoms in people with spinal cord injury. *Swiss Journal of Psychoogy, 61(4),* 203–210.